

# CERTIFICATION OF CAPACITY TO STORE VARIVAX VACCINE

PROVIDER ID NO.
COUNTY

PLEASE PRINT OR TYPE

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.

VACCINE DELIVERY ADDRESS (Number and Street—No P.O. Boxes)	CITY	ZIP CODE
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**DELIVERY:** Please specify all days and times you may receive vaccine.

Mon. \_\_\_\_\_
  Tue. \_\_\_\_\_
  Wed. \_\_\_\_\_
  Thu. \_\_\_\_\_
  Fri. \_\_\_\_\_

CONTACT PERSON	TITLE
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TELEPHONE	FAX
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I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with each of Merck & Company's VARIVAX storage requirements listed below.

- I will protect VARIVAX from exposure to light.
- I will store VARIVAX in a refrigerator that maintains an average temperature of 5°F (-15°C) or colder.

**Note:** Any freezer that reliably maintains the stated temperature and has a separate, sealed door, is acceptable for storage of VARIVAX.

Acceptable freezers include:

- Household freezers designed to maintain temperatures at or below +5°F (-15°C);
- Frost-free freezers;
- Non-frost-free freezers; or
- Freezer-refrigerator combination units in which the freezer is separate, sealed, and insulated.

Non-acceptable freezers include:

- Small, "dormitory-type" freezers with ice compartments that do not close tightly; or
- Freezers that do not meet temperature-maintenance criteria.

- At least once each day, I will check by thermometer the temperature in the freezer in which I have stored VARIVAX.
- I will not routinely move VARIVAX from the clinic location to which the vaccine is shipped. However, because VARIVAX may be stored for up to 72 hours continuously at refrigerator temperatures of 2 - 8° [36 - 46°F], if necessary, I may transport VARIVAX to secondary clinics sites in shipping containers with dry ice or cold packs. To reduce spoilage, I will only take the amount of VARIVAX that can be used within 72 hours. **I will also discard VARIVAX vaccine stored at refrigerator temperatures for more than 72 hours.**

**Note:** Providers may refreeze VARIVAX stored at refrigerator temperatures for less than 72 hours. However, providers will need to call 1-800-9-VARIVAX (1-800-982-7482) to obtain a new expiration date for the refrozen VARIVAX vaccine. (Storing VARIVAX in the refrigerator shortens its expiration date.) **VARIVAX that is thawed more than once must be discarded.**

- I will reconstitute VARIVAX only with the diluent supplied with the vaccine and will store the diluent at refrigerator or at room temperature. I also will administer VARIVAX within 30 minutes after reconstitution and discard VARIVAX not used within 30 minutes after reconstitution.

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

To receive VARIVAX, you must submit the White copy (original) of this form to the following address. (Please retain the Yellow copy for your records.) Please note that you will not receive VARIVAX if you do not complete and submit this form.

**Vaccines for Children (VFC) Program  
State of California  
Department of Health Services, Immunization Branch  
2151 Berkeley Way, Room 712  
Berkeley, CA 94704  
Toll-free Telephone: 877-2Get-VFC (877-243-8832)  
Toll-free Fax: 877-FAXX-VFC (877-329-9832)**